

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
SELECTION SERVICES SECTION  
SUPPLEMENTAL APPLICATION EXAMINATION FOR SUPERVISING REGISTERED NURSE II, CF**

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**Read instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Supervising Registered Nurse II, Correctional Facility (CF) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

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Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Nursing License: \_\_\_\_\_

Number	Expiration date	State
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**Signature**

**Date**

**I certify that all the statements I have made in this application are true and correct.**

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***MAILING INSTRUCTIONS:***

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at **[www.spb.ca.gov](http://www.spb.ca.gov)**

**MAIL COMPLETED  
STD. 678 AND  
SUPPLEMENTAL  
APPLICATION TO:**

California Department of Corrections and Rehabilitation  
Selection Services Section  
P. O. Box 942883  
Sacramento, CA 94283-0001

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

**All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.**

"Possession of a current license as a registered nurse in California. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment.) **And**

**Either I**

One year of experience in California state service performing the duties of a Supervising Registered Nurse I, Correctional Facility.

**Or II**

Three years of experience in the California state service performing the duties of Registered Nurse, Correctional Facility.

**Or III**

**Experience:** Three years of registered nursing experience within the last five years, one year of which must have been in a supervisory capacity, and two years of which must have been in a general acute care hospital. (Possession of a Bachelor of Science Degree in Nursing or a Masters Degree in Nursing may be substituted for one year of general acute care hospital experience.)

*(Candidates who are within six months of completing the experience requirements will be admitted to the examination, but they must complete all requirements before they will be considered eligible for appointment.)"*

**JOB REQUIREMENTS**

**The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.**

- |  |  |
|--|--|
| 1. Are you willing to treat inmates/wards in a professional, ethical, and tactful manner?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to perform a physical assessment on an inmate/ward?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to provide emergency care to inmates/wards (e.g., CPR)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to work around peace officers armed with chemical agents and/or weapons?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to abide by and adhere to institutional safety and security policies?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to wear protective clothing and apparatus as required?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to abide by and adhere to the institutional dress code?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you willing to work professionally with individuals from a wide range of cultural backgrounds?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are you willing to work overtime and on-call hours as required?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you willing to work rotating shifts (e.g. day shift, swing shift, night shift) to provide staff coverage?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you willing to carry equipment and materials weighing a minimum of 40 pounds?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you willing to bend, stoop, climb stairs, push, pull, twist, and briskly walk a minimum of 50 yards?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL				
	Last 12 months		Weekly	Monthly	Annually		Not performed	Performed during training	Performed AFTER licensure
<b>Note to Applicant:</b> Under "Work Experience," for items # 14-31 please indicate by checking the appropriate boxes:  <b>Frequency:</b> 1. If you have performed this task within the last <u>12</u> months; and 2. How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column)  <b>Level of Skill:</b> 1. The level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)									
14. Plan, organize, and direct overall nursing services operations.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Supervise subordinate nursing staff in the performance of their duties.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Develop and implement nursing services policies and procedures to reflect current nursing practices.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Establish a mechanism to assure all nursing staff has a current and active license.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ensure sufficient numbers of qualified nursing staff are on duty to provide adequate patient care.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Work cooperatively with various disciplines and levels of institutional staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Collaborate with community health care providers to assure appropriate evaluation, treatment and follow-up.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Promote interdisciplinary collaboration to ensure continuity and appropriateness of the delivery of health care.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Prepare and discuss written performance reports by monitoring and evaluating the work performance of nursing staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Administer an on-going infection control practice.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Collect and compile data to prepare comprehensive written reports related to nursing services and/or health care operations.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Review unit health records and reports prepared by nursing staff for accuracy, timeliness and completeness.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Serve on various health care committees, institutional committees, task force, and work groups at a local and divisional level.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Participate in the management of the health services' budget by monitoring, tracking and prioritizing expenditures.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Assure adequate medical supplies and equipment are available to nursing staff to provide appropriate patient care.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Assess and resolve daily nursing services staffing needs as a result of unscheduled absences.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Ensure adherence to employee bargaining unit contracts, by meeting with staff and union representatives.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Project, manage and schedule nursing services overtime in a manner consistent with fiscal policies and directives.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**DEGREES/CERTIFICATIONS**

**Please indicate if you have completed any of the following degrees or certifications by checking the appropriate box or boxes.**

- ☐ 32. Bachelor's degree in nursing
- ☐ 33. Master's degree in nursing
- ☐ 34. Certificate in Pediatric Nursing
- ☐ 35. Certificate in Public Health Nursing
- ☐ 36. Advanced Cardiac Life Support (ACLS)

**SUPERVISORY EXPERIENCE**

**Please indicate if you have experience supervising the following personnel by checking the appropriate box or boxes.**

- ☐ 37. Registered Nurses (RN)
- ☐ 38. Licensed Vocational Nurses (LVN)
- ☐ 39. Certified Nursing Assistants (CNA)
- ☐ 40. Recreational Therapists
- ☐ 41. Occupational Therapists
- ☐ 42. Physical Therapists
- ☐ 43. Psychiatric Technicians

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED. If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time      ☐ (R) Permanent Part-Time      ☐ (K) Limited-Term Full-Time      ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION - If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 0309 **Mule Creek State Prison**  
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**  
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**  
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**  
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**  
San Quentin, Marin County
- ☐ 3400 **Headquarters**  
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**  
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**  
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**  
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**  
Represa, Sacramento County
- ☐ 4804 **California Medical Facility**  
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**  
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**  
Jamestown, Tuolumne County

**YOUTH FACILITIES:**

- ☐ 3902 **DeWitt Nelson YCF**  
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**  
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**  
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**  
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**  
**Conservation Camp Facility**  
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**  
Ione, Amador County

☐ **7232 CENTRAL REGION - If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 1015 **Pleasant Valley State Prison**  
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison -**  
**Reception Center**, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**  
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**  
Delano, Kern County
- ☐ 1605 **Avenal State Prison**  
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**  
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**  
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**  
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**  
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**  
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**  
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**  
**Facility**, Corcoran, Kings County

**YOUTH FACILITIES:**

- ☐ 4003 **El Paso de Robles YCF**  
Paso Robles,  
San Luis Obispo County

☐ **7233 SOUTHERN REGION - If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

- ☐ 1307 **Calipatria State Prison**  
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**  
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**  
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**  
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**  
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**  
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**  
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**  
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**  
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**  
**at Rock Mountain**, San Diego,  
San Diego County

**YOUTH FACILITIES:**

- ☐ 3628 **Heman G. Stark YCF**  
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**  
**Reception Center & Clinic**  
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**  
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA**

**This question is not part of the examination but is for the hiring authority's information. If you answer 'yes' to question 2, please provide your Visa information below.**

1. Are you a citizen or permanent resident of the United States of America? ☐ Yes ☐ No

2. If not, are you in possession of a Visa that permits you to work in the United States of America? ☐ Yes ☐ No

**Visa type** \_\_\_\_\_

**Visa expiration date** \_\_\_\_\_

**SUPERVISING REGISTERED NURSE II, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

**These questions are not part of the examination but are for the hiring authority's information.**

***HOW DID YOU HEAR ABOUT THE SUPERVISING REGISTERED NURSE II, CF EXAMINATION?***

Check the box that best describes how you found out about the Supervising Registered Nurse II, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other